RENTAL REGISTRATION FORM

City of Lansing, Code Compliance Office, 316 N. Capitol Ave., Lansing, MI 48933-1238 (517) 483-4361 or 483-4362

The Owner/Manager is responsible for scheduling all required inspections. Call (517) 483-4361 to schedule. Lack of inspection can lead to fines, vacating the property and other penalties. Completing this form does not finish the registration process.

Fill out items 1-8 completely. PLEASE PRINT

1. New Registration ☐ New Own	ner 🗌 Cha	nge of Address, etc	. 🗆	Date:
2. Rental Address: NUMBER NSEW STREET NAME & Ave, Ct, Sq, Dr, Row, Way, Place, Circle St, Blvd, Lane, Etc Regarding Rental Address Above: Is a Homestead claimed at the Assessor's Office? Yes or No Abox must be checked! If you don't know please call the Assessor's Office at (517) 483-7624. If there is a homestead on it ask them how to rescind it.		3a. Single Buildin Single Family Dwell Duplex Owner Occupied Y 3 or More Units Boarding House Residential Care Fac	ing	3b. Complex For new registrations a separate form is needed for each building in the complex. Complex Name: Number of Buildings:
4. Owner(s) Name(s): Business Name: (If applicable) Mailing Address: (Do NOT give PO Box) Phones: Day (5. Agent's Name(s): (If different from Owner) Business Name: (If applicable) Mailing Address: (Do NOT give PO Box) Phones: Day ()Ext / Evening ()Ext		
Phones Emergency: (if different from above) ()Ext		Phones Emergency: (if different from above) ()Ext		
Phones: Cell ()/ Fax ()	Ext	Phones: Cell ()		/ Fax ()
6. No. of Guest Rooms No. of Efficiency Units No. of 1 Bedroom Units No. of 2 Bedroom Units	7. Send Correspondence / Billings to: Owner / Agent (Circle One) Contact for Inspection Appointment:		Office Use Only PLEASE SEND FEES WITH THIS APPLICATION Make checks payable to: CITY OF LANSING Registration Fee Due: Inspection Fee Due: Change of Owner Fee Due:	
No. of 3 Bedroom Units No. of 4 or More Bdrm Units				
TOTAL NO. OF UNITS:	Owner / Agent (Circle One)		TOTAL AMOUNT DUE:	
If this is a NEW REGISTRATION, an inspection is required <i>immediately</i> . The Owner/Manager must contact (517) 483-4361 to schedule the inspection. If statements made in this document are found to be inaccurate by the Zoning, Code Compliance or other City of Lansing Departments, the owner will be liable for unpaid fees and/or other consequences. If you no longer own this building, notify this office with the name and address of the new owner and the status of the dwelling. 8. I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.				
Signature of Owner or Representati	Date			
For Office Use Only: Rec'd by:	Area #:	Entered by: To Zoning:		
White - Office Copy Yellow - Inspector's Copy Pink-Owner's Copy Revised 03/26/09				